

www.amherstma.gov

Are you AMTA certified? ____No ____Yes; Member Number _____

Are you ABMP certified? ____No ____Yes; Member Number _____

If no, give name, address and policy number for personal liability and malpractice insurance.

Signature: _____ Date: _____

Workers Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. ☐ I am an employer providing the following workers compensation coverage for my employee(s) _____ (policy # / insurance company)
2. ☐ I am not required to have workers' compensation insurance under M.G.L. c. 152, Sect. 25 (c) (6)

***Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.**

Please Return Completed Application With Payment

(Please Check One) **Original Application** ____ **Renewal** ____

**Return to: Environmental Health Services
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002**

Make Check Payable to: Town of Amherst

Please Note The Following Late Fees Will Be Enforced
First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.00